

**Form H- 6 2010-2011
ORAL ASSESSMENT**



Required: Enrichment Center
Pre-Kindergarten
Kindergarten

Deadline: August 1, 2010

Please Print Clearly

Student's Name _____ DOB _____ Grade _____

The following services have been performed:

Examination _____
Orthodontic assessment _____
Fluoride application _____
Radiographs _____
Oral prophylaxis (cleaning) _____
Dental sealant _____
Prescription for fluoride supplement _____
Treatment (restoration, pulp therapy) _____
Other _____

The following oral hygiene instruction was provided:

Tooth brushing _____
Flossing _____
Dietary counseling _____
Use of fluoride mouth rinse _____
Other _____

Comments:

The following statements are applicable:

All necessary preventative services
have been performed _____

No restorative services are required
at this time _____

Further treatment is indicated
(see comments) _____

Further appointments have been arranged
(orthodontic, restorative) _____

Routine recall visits recommended _____

Dentist's Signature

Dentist's Name (print)

Date of Exam